Complete if Known Effective on 12/8/2004. Application Number 09/684,866 suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Filing Date October 6, 2000 TRANSMITTAL **David Allison Bennett** First Named Inventor For FY 2007 Jamisue A. Plucinski **Examiner Name** Art Unit 3629 Applicant Claims small entity status. See 37 CFR 1.27 Attorney Docket No. PSTM0038/MRK/STM (\$) 630.00 TOTAL AMOUNT OF PAYMENT METHOD OF PAYMENT (check all that apply) X Check Credit Card Money Order None Other (please identify): Deposit Account Name: Khorsandi Patent Law Group, ALC Deposit Account Deposit Account Number: 501574 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charges fee(s) indicated below, except for the filing fee Credit any overpayments Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES Small or Large Entity Small or Large Entity Small or Large Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 210 105 \$.00 Utility 310 155 510 255 65 105 100 50 130 Design 210 Plant 210 105 310 155 160 80 155 510 255 620 310 310 Reissue 210 105 Provisional Small or Large 2. EXCESS CLAIM FEES **Entity** Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 105 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 210 370 185 Multiple dependent claims **Multiple Dependent Claims** Total Claims Fee Paid (\$) Fee (\$) Fee (\$) Fee Paid (\$) or HP = \$00.00 HP = highest number of total claims paid for, if greater than 20 \$0.00 Fee Paid (\$) Fee (\$) - or HP = \$ 0.00 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof **Extra Sheets** Fee (\$) (round up to a whole number) x \$ 0.00 \$260.00 Fees Paid(\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) 630.00 Other: Appeal Brief (\$510); Petition for Extension of Time for One Month (\$120)

SUBMITTED BY	
Signature Mulin R. Klwwand, Registration No. (Altorney/Agent) 45744	Telephone (626) 796-2856
Name (Print/Type) Marilyn R. Khorsandi	Date Docomber 7, 2007